



CRIMINAL JUSTICE COORDINATING COUNCIL

104 Marietta Street, NW • Suite 440 • Atlanta, GA • 30303-2743
404/657-1956 • 877/231-6590 • 404/657-1957 (Fax) • 404/463-7650 (TTY)

Date: _____

Claim Form Application

Dear Claimant:

The Georgia Crime Victims Compensation Program is holding funds for the individual(s) listed below in Section A. If you believe that you are the owner of the item(s), complete all Sections, provide copies of all documentation requested in Section C, and sign the statement in Section D.

Return all pages of this claim form and your supporting documents to the address located at the top of this form. **PLEASE NOTE:** this claim form is not valid if altered in any way. **There is no charge for this service.** We appreciate the opportunity to be of assistance to you in the recovery of unclaimed property.

Be sure to provide original required signatures, notary seals and document(s) necessary to process your claim, as faxed copies will not be processed. Please allow **approximately four weeks** for your claim to be processed. Keep a copy of all documents for your records. If you have any questions, call the Customer Service Representative at (404) 657-2222.

SECTION A: Property/Owner Information		
Name of Holder Who Remitted Property		Report Year: 2009 Control ID:
Criminal Justice Coordinating Council	Cash Value: \$	Property Description: Other Court Deposits
Name of Owner(s) as reported to the Department	Original Reported Address	

SECTION B: Claimant Information

OWNERSHIP	
1. Are you the original owner? _____ YES _____ NO	3. What is your relationship to original owner (Check one) ____ Heir, Executor or Administrator ____ Parent/Guardian ____ Court Appointed Power of Attorney ____ Trustee ____ Self
2. Are you a corporation or business? _____ YES _____ NO	
IDENTIFICATION	
4. Name of Claimant	9. Name of Co-Claimant
5. Present Address	10. Present Address
6. City, State, Zip	11. City, State, Zip
7. Social Security Number/Federal ID Number	12. Social Security Number/Federal ID Number
8. Telephone Number	13. Telephone Number

SECTION C: Documentation Required

*Copy of pictured Driver's License or State Identification Card

SECTION D: Affidavit

Original affidavit is needed. Faxed copies will not be accepted.

The undersigned declares and affirms under penalty of perjury that the statements made in this claim form are true and correct, and certifies that they are the proper claimant and resides at the provided address. In addition, by signature, declares that upon payment of claim, will indemnify and hold harmless the Criminal Justice Coordinating Council and the Unclaimed Restitution program. If rightful ownership is established by another party, claimant then agrees to return the property to the Georgia Department of Revenue.

Signature of Claimant

Signature of Co-Claimant

Sworn to and subscribed before me this _____ Day of _____.

Signature of Notary Public

Notary Seal:

Printed Name of Notary Public